

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 257 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jackie Gore Jr

Telephone:

843 251 2750

Address: 2106 Frank Gore Rd
Little River SC 29566

Fax:

Other:

Email:

Jackgorejr@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED
SEP 24 2020
PSC SC
CLERK'S OFFICE

RECEIVED
OCT 26 2020
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 9-17-20

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Jackie Gore Jr DBA (Gores Limo Service)
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2106 Frank Gore Rd Little Rives
Street Address of Applicant

SC 29566
Mailing Address of Applicant (if different from street address)

843-251-2750
Phone

Fax

Jackgorejr@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	13,000	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	11,000	Loans Owed on Motor Vehicles	
Cash on Hand	5,000	Business/Other Loans Owed	
Cash in Bank	1,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	2,500	Total Liabilities	0
Total Assets	32,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: 75.00 per hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Linc	2001	1L1FM81W71Y659497	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Jackie Gore Jr

Name of Applicant

2106 Frank Gore Rd Little River SC 29566

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 300,000

Limits _____

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Anchor Insurance

Name of Insurance Company

1699 Hwy 17 Suite 103 Little River SC

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Jackie Gore Jr

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.




Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

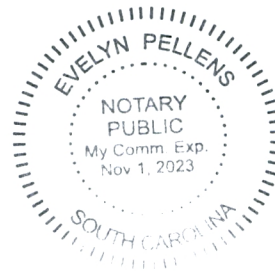
STATE OF SOUTH CAROLINA)
COUNTY OF Horry)

SWORN TO BEFORE ME
This 23 day of September, 2020



Notary Public

Commission Expires Nov 1, 2023



Print Application

COLUMBIA, SC 29201
(800)217-7927 FAX: (803)771-8710
CUSTOMER SERVICE: (866)412-6698

A	CASH PRICE (TOTAL PREMIUMS)	\$4,236.00
B	CASH DOWN PAYMENT	\$1,059.00
C	PRINCIPAL BALANCE (A MINUS B)	\$3,177.00

AGENT
(Name & Place of business)
ANCHOR INSURANCE AND FINANCIAL
SERVICES LLC
1699 HWY 17 STE 103
LITTLE RIVER, SC 29566
(843)256-1527 FAX:

INSURED
(Name & Residence or business)
Jackie Gore
2106 Frank Gore Rd
Little River, SC 29566
(843)251-2750
jackiegorejr@yahoo.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 12627045

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
16.180%	\$240.30	\$3,177.00	\$3,417.30

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
10	\$341.73	Beginning:

MONTHLY
08/08/2020

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/08/2020	COLUMBIA INSURANCE CO RISK PLACEMENT SERVICES INC	AUTOMOBILE	5.902%	12	4,236.00
Broker Fee:						\$0.00
TOTAL:						\$4,236.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

Public Application

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Risk Placement Services, Inc.
Edwin M. Rollins Company
P.O. Box 221389
Charlotte, NC 28222
(704) 366-7982 Fax: (704) 972-1657

Policy Term From: 7/8/2020 To: 7/8/2021

1. Name (and "dba") Jackie Gore
☒ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business phone number 843-251-2750
2. Mailing address 2106 Frank Gore Rd City Little River State SC Zip 29566
 3. Premises address 2106 Frank Gore Rd City Little River State SC Zip 29566
 4. Person to contact for inspection (name and phone number) Mr. Jackie Gore 843-251-2750
 5. Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☒ No
 If yes, policy number(s) _____ Effective date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business Limo Services - transporting passengers
 Years experience 0 New Venture? ☒ Yes ☐ No
7. Is this your primary business? ☒ Yes ☐ No If no, explain Doing PT while working another job though
 Is your business seasonal? ☐ Yes ☒ No Is your business for hire/for profit? ☒ Yes ☐ No
8. Have you ever filed for bankruptcy? ☐ Yes ☒ No If yes, when _____ Explain _____
9. Gross receipts last year 10 Estimate for coming year \$20,000 Business for sale? ☐ Yes ☒ No
10. Do you operate in more than one state? ☒ Yes ☐ No If yes, list states SE & NC
11. What is the largest city entered within your radius of operation? Myrtle Beach, SC

LIABILITY COVERAGE - Complete for desired coverages by indicating limits of insurance.

Combined Single Limit BI & PD	LIABILITY Split Limits			Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED - REFER TO FOLLOWING PAGE. COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED.
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			
<u>300,000</u>				<u>5,000</u>		

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident
<u>300,000</u>			

UNDERINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident
<u>300,000</u>			

DRIVER INFORMATION - If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	State	Driver's Licenses			Experience	
			Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)	Type of Unit (bus, van, etc.)	No. of Years
1. <u>Jackie Gore</u>					<u>20</u>	<u>Limo</u>	<u>0</u>
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

12. What is the basis for driver(s) pay? Hourly ☒ Trip ☒ Mileage ☒ Other, explain Depends on job accepted
13. Are drivers covered by workers compensation? ☐ Yes ☒ No Minimum years driving experience required _____
14. Are vehicles owner-driven only? ☒ Yes ☐ No Do you agree to report all newly hired operators? ☒ Yes ☐ No
15. Are drivers ever allowed to take vehicles home at night? ☒ Yes ☐ No If yes, will family members drive? ☐ Yes ☒ No
16. Do you order MVRs on all drivers prior to hiring? ☒ Yes ☐ No N/A Driver's maximum driving hours 12 daily 48 weekly

SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1	2001	Linch (Confidential)	Limo	770753113620059	9	Little Rock, SC	0-100	1,500	(A)(B)
2									
3									
4									
5									
6									
7									
8									
9									
10									

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

Veh. No.	Purpose of Use	Length of Limo Stretch	AB Airport Bus or Van	ME Musician & Entertainer Bus
1	L (C)	10'	APS Airport Parking/Rental Car Shuttle	(a) Professional Entertainer
2			AT Athlete Bus (a) Professional Athlete (b) Non-Professional Athlete	(b) Non-Professional Entertainer
3			BB Bingo/Casino Bus	MV Medivan/Medical Transport/Non-Emergency Ambulance
4			SBG Boy/Girl Scout Bus	(a) For Profit (b) Not For Profit
5			CB Charter Bus (a) Interstate (b) Intrastate	PT Prisoner Transfer
6			CHB Church Bus	SB School Bus (a) Public Owned (b) Other
7			CTB City Transit Bus (Urban Bus)	(c) Private or Parochial Owned
8			CRB Courtesy Bus (a) Hotel (b) Medical (c) Other	SC Senior Citizens Center Auto
9			DC Day Care/Day Nursery	SH Shuttle (a) Tourist (b) Wilderness (c) All Other
10			ET Employee Transportation	SSB Sightseeing Bus
			Railroad Employees (a) For Profit (b) Not For Profit	SKB Ski Bus
			Farm Labor Bus (c) For Profit (d) Not For Profit	SSA Social Service Agency (a) Group Home (b) Other
			Other (e) For Profit (f) Not For Profit	TX Taxicab
			ICB Inter-City Bus (attach route scheduled)	TM Tram
			L Limousine (a) Transportation to Airport \geq 50% (b) Super-Stretch (> 120") (c) Regular	T Trolley

PHYSICAL DAMAGE COVERAGE – Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
1	7/2/2020	\$5,000	\$5,000		\$5,000	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
2							
3							
4							
5							
6							
7							
8							
9							
10							

17. Any loss payees? ☐ Yes ☒ No If yes, give name and address of mortgagee/loss payee for each vehicle _____



Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

RPS Contact:
Ann Cassidy
Underwriter
Phone: (704) 264-0087
Fax: (704) 972-2317
Email: Ann_Cassidy@rpsins.com

Insurance Binder

INSURED:

Jackie Gore
2106 Frank Gore Rd
Little River, SC 29566

COVERAGE:

Business Auto

POLICY NUMBER:

SUBMITTED TO:

Jason Bittigar
Anchor Insurance and Financial Services, LLC
PO BOX 944
Little River, SC 29566
(843) 256-1527
jasonb@anchorinsurancefs.com

RETAIL PRODUCER COMMISSION: 10%

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.



Risk Placement Services, Inc. - Charlotte
Rexford Road Park II
2115 Rexford Road, Suite 520
Charlotte, NC 28211

Retail Producer:
Jason Bittigar
Anchor Insurance and Financial Services, LLC
PO BOX 944
Little River, SC 29566
Phone: (843) 256-1527
Fax: (843) 424-1389
Email: jasonb@anchorinsurancefs.com

INSURANCE BINDER

Proposal Information

Insured Name: Jackie Gore
Policy Period: 9/15/2020 to 9/16/2020
Policy Number: _____
Insurance Carrier: Columbia Insurance Company NA
Admitted / Non-Admitted: Admitted
A. M. Best Rating: A++ XV

Physical Location

2106 Frank Gore Rd,
Little River, SC 29566

Limits of Insurance

Coverage: Business Auto

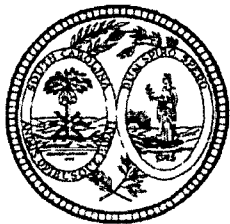
Claim Form:

\$300,000	Auto Liability - Each Accident
\$300,000	Uninsured Motorists
\$300,000	Underinsured Motorists
\$5,000	Med Pay
\$5,000	Comprehensive
\$5,000	Collision

Deductible

Deductible	
\$500	Each Loss - Comprehensive
\$500	Each Loss - Collision

Risk/Rating Information



The Public Service Commission State of South Carolina

Jocelyn Boyd
Chief Clerk/Executive Director
Phone: (803) 896-5100
Fax: (803) 896-5246

COMMISSIONERS
Justin T. Williams, Sixth District
Chairman
Florence P. Belser, Second District
Vice Chair
Carolyn L. "Carolee" Williams, First District
Stephen M. "Mike" Caston, Third District
Thomas J. "Tom" Ervin, Fourth District
Headen B. Thomas, Fifth District
Delton W. Powers, Jr., Seventh District

Clerk's Office
Phone: (803) 896-5100
Fax: (803) 896-5199

October 1, 2020

Jackie Gore, Jr.
2106 Frank Gore Road
Little River, SC 29566

RE: Application of Jackie Gore, Jr. for Class C (Charter) Certificate of Public Convenience and Necessity for Operation of Motor Vehicle Carrier

Dear Mr. Gore:

This office has received your application for Class C (Charter) Certificate of Public Convenience and Necessity. However, there are items that are missing and need to be submitted.

1. Page 1 of Application - Name of the Company - will you only be doing business as your name, Jackie Gore, Jr., or will you be using a 'd/b/a' (doing business as) with your name? If you are planning on using a d/b/a, please correct the name to reflect the d/b/a (ex. Jackie Gore, Jr. d/b/a Gore's Transportation).
2. Page 3 - Proposed Rates - Please list the rates that you are planning to charge for your company's service.
3. Page 5 - Insurance Quote - Liability Insurance premium is not listed correctly. The amount that you are paying for the insurance needs to be listed. The quote must be completed and signed by the insurance agent. Paperwork from your agent supporting the quote must be attached also. If you get a quote online, print off the quote and attach to the form. Make sure that the premium and amounts of coverage are listed on the form

Once you have completed the items listed above, please resubmit the complete application.

If you have any questions relative to this docket, please call the Commission at (803) 896-5100.

Sincerely,

Janice Schmieding
Janice Schmieding
Clerk's Office